

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TJ		9-19-00
O.I.P.E. CLASSIFIER	LY	U	9/28
FORMALITY REVIEW	FM	R 856	10-24-00
RESPONSE FORMALITY REVIEW	Jk	835	03/29/01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date				
Final	Original	10	3	11	8
Original	Original	01	02	03	04
1	✓	✓	✓	=	
2	=	=	=	=	
3	V				
4	✓	✓	✓	=	
5	C				
6	0	=	=	=	
7	0	=	=	=	
8	✓	✓	=		
9	✓	=			
10		✓			
11		✓			
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Claim	Date				
Final	Original	51			
Original	Original	52			
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Claim	Date				
Final	Original	101			
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If more than 150 claims or 10 actions  
staple additional sheet here